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STATE: NEW MEXICO

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

## CASE MANAGEMENT SERVICES

- I. Case Management For the Chronically Mentally Ill
  - Case Management services will be provided Α. Target Group: to Medicaid eligible chronically mentally ill individuals who are not residents of an institution for mental disease. A chronically mentally ill individual is defined by diagnosis, disability, and duration. The major diagnoses include schizophrenia, affective disorders, bipolar disorders, and serious personality disorders (e;g., borderline personality); duration exceeds one year; bipolar disorders, and disability reflects serious impairment of functions relative to primary aspects of daily living.
  - Areas of the State in which services will be provided:

X Entire State

Only following geographic areas in the (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide):

Comparability of Services:

Services are provided in accordance with Section 1902 (a) (10) (B) of the Act.

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Services are not comparable in amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a) (10) (B) of the Act.

## D. Definition of Services:

The purpose of case management services chronically mentally ill is to assist those eligible for Medicaid in gaining access to needed medical, social, educational and other services. Case management services will provide necessary coordination with providers of medical and non-medical services when services provided by these entities are needed to enable the individual to benefit from programs for which he or she is eligible. No limitation is placed on the number of units of case management service a client may receive each month.

Services - Case Management services include the following activities:

- 1. Identifying programs appropriate for the individual's needs, and providing assistance to the individual in accessing those programs.
- 2. Assessing the service needs of the individual in order to coordinate the delivery of services when multiple providers or programs are involved in care provision.
- Reassessment of the individual to ensure that the 3. services obtained are necessary.

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- Ε. Qualification of Providers: Qualified case management agencies must have responsible personnel management including written policies and procedures that include, but are not limited to, recruitment selection, retention and termination of case managers; job descriptions for case managers; grievance procedures; hours of work, holidays, vacations, leaves of absence; wage scale and benefits; conduct and general rules. In accordance with provisions of the Omnibus budget Reconciliation Act (OBRA) of 1987, the State will restrict the type of agencies that can provide case management services to the following provider types:
  - Community mental health centers funded by the Single State Mental Health Agency (New Mexico Health and Environment Department).
  - Indian Tribal Governments and Indian Health Service Agencies or clinics.
  - Federally Qualified Health Centers (FQHC).
  - Other agencies which have at least one year direct experience in case management services. Such experience may be through the agency as an entity or through its employees. These agencies must have knowledge of available community services and methods for accessing them.

Case Managers employed by case management agencies must possess the education, skills, abilities, and experience to enable them to perform the activities that comprise a Medicaid case management service. At a minimum, case managers must have at least a bachelor's degree in social work, counseling, psychology, or a related field, from an accredited institution plus one year of experience in the mental health field; OR be a licensed registered nurse with one year of experience in the mental health field.

In the event that there are no suitable candidates with the above qualifications, an individual with, preferably, an Associates Degree and a minimum of three years experience in the mental health field, or with a high school diploma and a minimum of five years experience in

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the mental health field may be employed as a case manager. In some cases, it may be important that individuals have skills, cultural sensitivity and acquired language knowledge and expertise unique to the geographic area.

- The State assures that the provision of case management services will not restrict an individuals's free choice of providers in violation of section 1902(a)(23) of the Act.
  - Eligible recipients will have free choice of the providers of case management services.
  - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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- VI. Case Management For Pregnant Women and Infants
  - A. Target Group: Case Management services will be provided to Medicaid eligible pregnant women and to their infants up to 60 days after the month of their birth.
  - X Entire state
    Only in the following geographic areas (authority)

Areas of the State in which services will be provided.

- of Section 1915 (g)(1) of the Act is invoked to provide services less than statewide)
- C. Comparability of Services:
  - Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
  - X Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a)(10)(B) of the Act.

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#### Definition of Services: D.

The purpose of case managment services for pregnant women is to assist those eligible for Medicaid in gaining access to needed medical, social, educational and other services. Case management services will provide coordination with providers of medical and non-medical services such as nutrition programs like WIC or educational agencies, when services provided by these entities are needed to enable the individual to benefit from programs for which she is eligible.

Case Management will be limited to 5 hours of service per client per pregnancy. Any additional units require prior approval by the State.

Case management services include the following activities:

- 1. Identifying programs appropriate for the individual's needs, including those which teach basic maternal and child health skills and providing assistance to the individual in accessing those programs.
- Assessing the service needs of the individual in order to coordinate the delivery of services when multiple providers or programs are involved in care provision.
- 3. Reassessment of the individual to ensure that the services obtained are necessary.

These activities are structured to be in conformance with Section 1902 (a) (23) and not to duplicate any other service reimbursed in the Medicaid program or any other program.

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## E. Qualification of Providers:

Enrollment will be accomplished in accordance with Section 1902 (a) (23) of the Act.

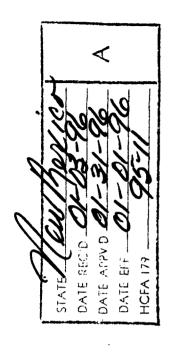
## Agency Qualifications:

Qualified case management agencies must have responsible personnel management including written policies and procedures that include, but are not limited to, recruitment selection, retention and termination of case managers; job descriptions for case managers; grievance procedures; hours of work, holidays, vacations, leaves of absence; wage scale and benefits; conduct and general rules. Agencies which may be certified include:

- a. Public Health Division of New Mexico Department of Health;
- b. Indian Tribal Governments or Indian health services;
- c. Federally qualified health centers (FQHC); and
- d. Other agencies which have at least one year direct experience in case management services. Such experience may be through the agency as an entity or through its employees. These agencies must have knowledge of available community services and methods for accessing them.

## 2. Case Manager Qualifications:

Case managers employed by case management agencies must possess the education, skills, abilities, and experience to enable them to perform the activities that comprise a Medicaid Case Management Service. It is important that individuals have language skills, cultural sensitivity and acquired knowledge and expertise unique to the geographic area.



- a. Case managers must be licensed as a registered nurse and have a bachelors degree in nursing or be licensed as a social worker. The nurse or social worker must have two years of experience in community health and at least one year of experience in maternal or child health;
- b. OR be a licensed registered nurse or have a bachelors degree in social work with a minimum of two years of experience in community health and at least two years experience in maternal health or child health nursing.
- c. In the event that there are no suitable candidates with the above qualifications, an individual with, an associates degree and four years of experience in social work, community health and/or maternal and child health may be employed as a case manager.
- d. If no individuals with a college degree and appropriate experience are available, an individual with a high school diploma and five years of experience in social services, community health or maternal and child health may be considered. Agencies that are considering hiring individuals in option c or d must complete a waiver process.

## F. Freedom of Choice

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

- 1. Eligible recipients will have free choice of the providers of case management services given that the providers meet the qualifications in Section E.
- 2. Eligible recipients will have free choice in participating in case management.
- 3. Eligible recipients will have free choice of the providers of other medical care under the plan.

#### G. Reimbursement

Payment for case management services under the plan does not duplicate payments made to public agencies for private entities under other program authorities for this same purpose.

- VI. Case Management for Children up to age Three
  - A. Target Group: Case Management services will be provided to Medicaid eligible children up to age three (3) who are medically at risk due to family conditions, but are not developmentally delayed. These are children who are not accessing health and social systems adequately or appropriately, which would impair their ability to thrive.
  - B. Areas of the State in which services will be provided.

<u>X</u>	Entire state	
	Only in the following geographic areas of Section 1915 $(g)(1)$ of the Act is provide services less than statewide)	

- C. Comparability of Services:
  - Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
  - X Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a)(10)(B) of the Act.

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## D. Definition of Services:

The purpose of case management services for children is to assist those eligible for Medicaid in gaining access to needed medical, social, educational and other services. Case management services will provide necessary coordination with providers of medical and non-medical services such as nutrition programs like WIC or educational agencies, when services provided by these entities are needed to enable the individual to benefit from programs for which he/she is eligible.

Case Management Services will be limited to four(4) hours per year per child. Any additional units require prior approval by the State.

Case Management services include the following activities:

- Identifying programs appropriate for the individual's needs, including those which teach basic infnat/young child care skills and providing assistance to the individual in accessing those programs.
- Assessing the service needs of the individual in order to coordinate the delivery of services when multiple providers or programs are involved in care provision.
- Reassessment of the individual to ensure tht the services obtained are necessary.

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